



2004 Alternative Form Vendor and Payroll Processors Compliance Agreement

AD-100301
R. 09/03

For computerized tax processors, payroll processors, tax software developers, commercial printers and others who develop Florida Department of Revenue tax forms in scannable and nonscannable formats. NOTE: If you are currently registered with the Department to create Form DR-219 only, you do not need to submit this form. All other vendors must register with the Department annually.

I am a representative of _____ and am authorized to agree to and answer the following on behalf of the above-named company.
(Name of company)

Our company will (check all applicable boxes):

- ☐ Develop scannable tax forms. We plan to develop the following scannable forms:
- | | | | |
|----------------------------------|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> DR-601I | <input type="checkbox"/> DR-219 | <input type="checkbox"/> UCT-6 | <input type="checkbox"/> F-1120X |
| <input type="checkbox"/> DR-601C | <input type="checkbox"/> F-1120, F-7004, F-1120ES | | |
- ☐ Develop nonscannable (e.g., DR-1, DR-144, DR-835, F-1065) tax forms.
- ☐ Develop tax software programs to be used with scannable and/or nonscannable tax forms developed by other companies.
- ☐ Develop scannable and/or nonscannable tax forms which will be licensed, sold, or distributed to other companies for use in their software programs.

Upon approval, our company agrees to comply with the Florida Department of Revenue *Requirements for 2004 Alternative Forms: Guidelines for Scannable and Nonscannable Forms* (AD-100300).

Specifically, our company agrees to:

1. Submit to the Florida Department of Revenue for its review and approval any scannable and/or nonscannable tax forms or any products that produce these forms;
2. Refrain from selling, releasing, licensing, or distributing any scannable and/or nonscannable tax forms or any products that produce these forms to customers or clients prior to receiving written approval from the Florida Department of Revenue;
3. Upon notification by the Florida Department of Revenue, promptly correct errors in our company's scannable and/or nonscannable tax forms and provide the Florida Department of Revenue proof that our company corrected the errors and notified customers or clients of the corrections;
4. Notify customers or clients of the minimum computer hardware requirements, including printers, printer fonts, font cartridges, etc., necessary to produce our company's scannable and/or nonscannable tax forms that were approved by the Florida Department of Revenue;
5. Use our company's identification (ID) code as shown on this form on all scannable and/or nonscannable tax forms and tax software programs submitted. The company ID code may be the company's initials or some other alpha or alphanumeric code chosen by your company.

Our company also specifically authorizes the Florida Department of Revenue to include the name of our company in various public information material designed to inform tax practitioners and the public about vendors who have agreed, complied, or failed to comply with the Florida Department of Revenue's policies, procedures, guidelines and specifications.

Authorized representative's name: _____ Title: _____

Signature: _____ Date: _____ / _____ / _____

Company Information (please print clearly):

Name of Contact Person: _____ Telephone: () -

Fax: () - E-mail: _____

Other company contact names (and telephone number if different):

General telephone number for publication: _____

Please choose a company identification (ID) code (4 digits): _____ (The company ID code may be the company's initials or some other alpha of alphanumeric code chosen by the company, e.g., CSP7.)

Mailing Address:

Street or P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

Street Address:

Street (Cannot be a P.O. Box): _____

City: _____ State: _____ ZIP Code: _____

Does your company have a web site? If so, please list your web site address: _____

Name(s) of tax software product(s) our company produces and/or distributes that will include Florida Department of Revenue tax forms:

Subsidiaries of our company (if applicable);

Name: _____ Name: _____

Contact name: _____ Contact name: _____

Telephone: () - Telephone: () -

Mail completed form to: FLORIDA DEPARTMENT OF REVENUE
RETURN & REVENUE PROCESSING
5050 W TENNESSEE ST BLDG J
ATTN: SYLVIA JENKINS
TALLAHASSEE FL 32399-0100
OR FAX TO: 850-921-9114

For Department Use Only

Date received: / / Alternative Form Vendor Code: _____

Accepted by: _____ Assigned on: / /